## Application No. 10/064,227 TRANSMITTAL FORM June 21, 2002 Filing Date (to be used for all correspondence after initial filing) First Named Inventor Kenneth R. Wilkes Art Unit 3724 Clark F. Dexter **Examiner Name** Total Number of Pages in This Submission 23 6022P001 Attorney Docket Number **ENCLOSURES** (check all that apply) After Allowance Communication Drawing(s) Fee Transmittal Form Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to Group Amendment / Response Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert a Provisional Application After Final Proprietary Information Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address Status Letter Extension of Time Request Other Enclosure(s) Terminal Disclaimer (please identify below): **Express Abandonment Request** Request for Refund Information Disclosure Statement PTO/SB/08 CD. Number of CD(s) Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Remarks Basic Filing Fee Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm James Henry, Reg. No. 41,064 Individual name

Signature Date **CERTIFICATE OF MAILING/TRANSMISSION** I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with

LY, SOKOLOFF, TAYLOR & ZAFMAN LLP

sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Pat Sulliyan	<i></i>		
Signature	Pat	Sulivan	Date	April 14, 2004

OPE COS

## FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$)

0.00

 Complete if Known

 Application Number
 10/064,227

 Filing Date
 June 21, 2002

 First Named Inventor
 Kenneth R. Wilkes

 Examiner Name
 Clark F. Dexter

 Art Unit
 3724

 Attorney Docket No.
 6022P001

04/14/04

Date

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
			3. ADDITIONAL FEES									
	Credit card	Money Order	Other	None	Large Entity   Small I		II Entity	,				
Deposit Acco	unt				Fee			_				
Deposit Account		02.2664			Code	(\$)	Code	(\$)	Fee	Description		Fee Paid
Account Number			1051	130	2051	65	Surcharge - late filing					
Deposit					1052	50	2052	25	Surcharge - late provis cover sheet.	sional filing fee or		
Account ] Name	3lakely, Sok	coloff, Taylo	or & Zafman	LLP	2053	130	2053	130	Non-English specificat	tion		
	ner is authorized t	to: ( check all that	apply)		1812	2,520	1812	2,520	For filing a request for		ation	
1	s) indicated below		redit any overpayme	ents	1804	920*	1804	920 '	Requesting publication Examiner action	of SIR prior to		
	•	underpayment of for	fees as required und	der 37	4005	1 840*	4005	1,840		of SIR after		
CFR §§ 1.16, 1.17, 1.18 and 1.20.  Charge fee(s) indicated below, except for the filling fee			1805	1,840*	1805	1,040	Examiner action	101 SIN alter				
	dentified deposit a		ug iee		1251	110	2251	55	Extension for reply with	nin first month		
FEE CALCULATION			1252	420	2252	210	Extension for reply within second month					
1. BASI	C FILING FE	EE			1253	950	2253	475	Extension for reply within third month			
Large Entity	Small Entity				1254	1,480	2254	740	Extension for reply with	hin fourth month		
Fee Fee	Fee Fee Code (\$)	Fee Description		Fee Paid	1255	1,210	2255	605	Extension for reply with	hin fifth month		
Code (\$)					1404	330	2401	165	Notice of Appeal			
1001 770	2001 385			<u> </u>	1402	330	2402	165	Filing a brief in suppor	t of an appeal		
1002 340	2002 170			$\vdash$	1403	290	2403	145	Request for oral hearing	ng		
1003 530 1004 770	2003 265 2004 385			<u> </u>	1451	1,510	2451	1,510	Petition to institute a p	oublic use proceed	ling	
1004 770	2004 383	•		$\vdash$	1452	110	2452	55	Petition to revive - una	avoidable		
1000	1 2000				1453	1,330	2453	665	Petition to revive - unit	ntentional	Dr-	
	SUB	BTOTAL (1)	(\$)		1501	1,330	2501	665	Utility issue fee (or reis	ssue)	JECEI	,
2. EXTR	RA CLAIM FI	EES Fytra	Fee from	_	1502	480	2502	240	Design issue fee	A	Dn -	VED.
		Claims	below	Fee Paid	1503	640	2503	320	Plant issue fee	TEO	TH 22 2	J
Total Claims	19 _ 25*	_ 0 x	9.00 =	\$0.00	1460	130	2460	130	Petitions to the Comm	issioner HNO/	~ ~ <u< td=""><td>94</td></u<>	94
Independent Claims	3 4	• = 0 x	43.00 =	\$0.00	1807	50	1807	50	Prosessing fee under	37 CFR 1.17(q)	OGY CENTER	
Multiple Depender	nt		=		1806	180	1806	180	Submission of Informa	ation Disclosure St	tmt TV/EH	125
Large Entity	Small Entity				8021	40	8021	40	Petition to institute a p Petition to revive - una Petition to revive - una Petition to revive - una Utility issue fee (or reix Design issue fee Plant issue fee Petitions to the Comm Prosessing fee under Submission of Informa Recording each paten property (times numbe	t assignment per		()(1)
Fee Fee	Fee Fee Code (\$)	Fee Description										<u> </u>
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1202 18 1201 86	2202 9 2201 43	Claims in excess			1810	770	2810	385	For each additional inv			
1201 86	2201 43	•	Independent claims in excess of 3  Multiple Dependent claim, if not paid						examined (37 CFR § 1			
1203 200	2204 43	**Reissue independent claims over original			1801	770	2801	385	Request for Continued		E)	
1		patent			1802	900	1802	900	Request for expedited of a design application			
1205 18	1205 18 2205 9 **Reissue claims in excess of 20 and over original patent			Other fe	e (specify)	•						
SUBTOTAL (2) (\$) 0.00						- 1-7						
**or number previously paid, if greater, For Reissues, see below				*Reduced	by Basic Filir	g Fee Pa	iid	5	SUBTOTAL (3)	(\$)		
SUBMITTED BY  Name (Print/Type) James Henry						egistratio	on No				lete (if applica	
Name (Print/		egistratio tomev/Age		` <b> </b> 4	11,064	Telephone	(714) 55	7-3800				

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Signature